

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Rinku

2. Surname (Last Name)
Skaria

3. Date
24-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Zain Khalpey

5. Manuscript Title
PATH TO PRECISION: PREVENTION OF POST-OPERATIVE ATRIAL FIBRILLATION

6. Manuscript Identifying Number (if you know it)
JTD-19-3875

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	internship at Philips Research North America

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Ms. Skaria reports other from null, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Saman

2. Surname (Last Name)
Parvaneh

3. Date
24-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Zain Khalpey

5. Manuscript Title
PATH TO PRECISION: PREVENTION OF POST-OPERATIVE ATRIAL FIBRILLATION

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Philips Research North America	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was working at Philips Research North America at the time of drafting and submission

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Parvaneh reports personal fees from Philips Research North America, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sophia

2. Surname (Last Name) Zhou

3. Date 24-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name Zain Khalpey

5. Manuscript Title
PATH TO PRECISION: PREVENTION OF POST-OPERATIVE ATRIAL FIBRILLATION

6. Manuscript Identifying Number (if you know it)
JTD-19-3875

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work - Research consultant for Philips Research North America

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Zhou reports personal fees from null, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Konhilas	3. Date 24-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zain Khalpey
5. Manuscript Title PATH TO PRECISION: PREVENTION OF POST-OPERATIVE ATRIAL FIBRILLATION		
6. Manuscript Identifying Number (if you know it) JTD-19-3875		

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Dr. Konhilas has nothing to disclose.

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Santana

2. Surname (Last Name)
Wanjiru

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24-April-2020

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Corresponding Author's Name
Zain Khalpey

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Ms. Wanjiru has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Genoveffa

2. Surname (Last Name)
Devers

3. Date
24-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
PATH TO PRECISION: PREVENTION OF POST-OPERATIVE ATRIAL FIBRILLATION

6. Manuscript Identifying Number (if you know it)
JTD-19-3875

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work - Nihon Kodan America

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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1. Identifying information.

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3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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1. Given Name (First Name) James	2. Surname (Last Name) Kim	3. Date 24-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zain Khalpey
5. Manuscript Title PATH TO PRECISION: PREVENTION OF POST-OPERATIVE ATRIAL FIBRILLATION		
6. Manuscript Identifying Number (if you know it) JTD-19-3875		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Mr. Kim has nothing to disclose.

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1. Given Name (First Name) Zain	2. Surname (Last Name) Khalpey	3. Date 24-April-2020
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spouse-member of Ai-Cor

Section 4. Intellectual Property -- Patents & Copyrights

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